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BIBDATASHEET

CONFIRMATION NO. 7813

Bib Data Sheet

SERIAL NUMBER 09/702,002	FILING OR 371(c) DATE 10/30/2000 RULE	CLASS 128	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. 1065-011us04
APPLICANTS George M. Johnson, Santa Ana, CA; John T. Kilcoyne, San Diego, CA; Ross Tsukashima, San Diego, CA; Matthew T. Yurek, San Diego, CA; Scott Harris, San Diego, CA; Philip J. Simpson, Escondido, CA;				
** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/05/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 12	TOTAL CLAIMS 37
				INDEPENDENT CLAIMS 4
ADDRESS Steven Schumaker Shumaker & Sieffert, P. A. 8425 Seasons Parkway Ste 105 St. Paul ,MN 55125				
TITLE Method and device for treating gastroesophageal reflux disease				
FILING FEE RECEIVED 613	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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APPLICANTS

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John T. Kilcoyne, San Diego, CA;
Ross Tsukashima, San Diego, CA;
Matthew T. Yurek, San Diego, CA;
Scott Harris, San Diego, CA;

**** CONTINUING DATA *******

THIS APPLICATION IS A CIP OF 09/524,478 03/13/2000
WHICH IS A CIP OF 09/287,607 04/07/1999 PAT 6,098,629

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 02/05/2001

**** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING 12	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

20995

TITLE

Method and device for treating gastroesophageal reflux disease

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